









						DENTAL
Plan Names	<u>DeltaCare®USA Basic Plan for Families</u>	BlueDental Preferred—High Option	PPO Basic Plan for Families	Family High Family Low	PPO Family Basic Plan	Select Plan Kids Access PPO Kids
	DeltaCare®USA Preferred Plan for Families	BlueDental Preferred—Low Option	PPO Preferred Plan for Families	Pediatric High Pediatric Low		Select Plan Access PPO
Annual Maximum	None	Plan pays \$1000 then member pays balance	\$1000 for adult members None for under 19	\$1000—\$1500 for adult members None for under 19	\$1000 for adult members None for under 19	No annual maximum
Out-of-Pocket Maximum	\$350 one member under 19/\$700 two or more members under 19 No out-of-pocket maximum (Adults)	\$350 for one member, \$700 for 2+ members	\$350 one member under 19/\$700 two or more members under 19 No out-of-pocket maximum (Adults)	\$350 one member under 19/\$700 two or more members under 19 No out-of-pocket maximum (Adults)	\$350 one member under 19/\$700 two or more members under 19 No out-of-pocket maximum (Adults)	\$350 per person, \$700 per family for Plans only No out-of-pocket maximum (Adults)
Deductible	None	\$60—\$100 Individual \$180—\$300 Family	\$55-\$65 per member under 19 \$50 Individual/\$150 Family	\$50—\$100	\$55 per member under 19 \$50 Individual/\$150 Family	\$0—\$100
Number of Dentists in Mar- yland	Search "Find a dentist" by visiting deltadenta- lins.com	2,960 Dentists	2686 Dentists	1823 Dentists	545 Dentists	583 Dentists for Select Plans 3671 Dentists for Access Plans
Out-of-Network coverage?	No	Yes	Yes	No	Yes	No for Select Plans Yes for Access Plans
Common Procedures:						
Teeth Cleaning	No charge—\$10	No charge—no charge after deductible	No charge for all members	No charge for all members	No charge for all members	\$0—\$13 Select 0% Access
Bitewing X-Ray	No charge—\$10	No charge—no charge after deductible	No charge for all members	No charge for all members	No charge for all members	\$0 Select 0% Access
Fluoride Treatment	No charge—\$10	No charge—no charge after deductible	No charge for all members	No charge for members under 19	No charge for all members	No charge for <i>Kids</i> Plans only
Sealants	No charge—\$10, members under 19	No charge—no charge after deductible	No charge for members under 19	No charge for members under 19	No charge for members under 19	\$21 Select 0% Access
Filling	Charge varies by procedure, \$30—\$40	20% of Allowed Benefit after deductible	20-50% of cost for all members	20-60% of cost for all members	50% of cost for all members	\$41—\$123 Select 60—65%Access
Simple Extractions	\$55—\$80	20% of Allowed Benefit after deductible	0-50% of cost for members over 19	20-60% of cost for all members	50% of cost for members under 19	\$56—\$69 Select 60—75% Access
Periodontics	Charge varies by procedure, \$55—\$70	20% of Allowed Benefit after deductible	(50% under 19)	50-60% of cost for all members	50% of cost for members under 19	\$36—\$800 Select 75—85% Access
Oral Surgery	Charge varies by procedure, \$85—\$120	20% of Allowed Benefit after deductible	0-50% of cost for members over 19 (50% under 19)	50-60% of cost for all members	50% of cost for members under 19	\$56—\$351 Select 75—85% Access
Root Canal	Charge varies by procedure, \$265—\$350	20% of Allowed Benefit after deductible	0-50% of cost for members over 19	50-60% of cost for all members	50% of cost for members under 19	\$341—\$512 Select 75—85% Access
Crown	Charge varies by procedure, \$350	50% of Allowed Benefit after deductible	(50% under 19)	50-60% of cost for all members	50% of cost for members under 19	\$110—\$560 Select 75—85% Access
Medically Necessary Orthodontia	\$350	50% of Allowed Benefit after deductible	50% of cost for members under 19	50-60% of cost for all members	50% of cost for members under 19	\$4130—\$4484 Select 50% Access <i>Kids</i> only
Waiting Period	None	None	12 months for medically necessary Ortho for Pediatric Enrollees 12 months for Major Services for Adult Enrollees for Preferred Plan Only	3 month waiting period for members under 19. Six or 12 month waiting period for members over 19, depending on procedure.		24 month waiting period for medically necessary orthodontia for Select Plans None for Access Plans

<sup>\*</sup>Please note the costs shown for Common Procedures are for in-network services only .

<sup>\*</sup>CareFirst payments are based upon the CareFirst Allowed Benefit. Participating dentists accept 100% of the CareFirst Allowed Benefits as payment in full for covered services. Non-participating dentists may bill the member for any amount over the Allowed Benefit.